

In re **CLARK W JOHNSON BETH A JOHNSON**

Case No. **12-43919**

Debtors

(If known)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: MARRIED	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): STEP DAUGHTER	AGE(S): 14
Employment:	DEBTOR	SPOUSE
Age	54	47
Occupation	HERDSMAN	CUSTOMER SERVICE/DISPATCHER
Name of Employer	WOODLAND DAIRY	BRENNY TRASNSPORTATION
How long employed	10 YRS	5 YRS
Address of Employer	WAVERLY	ST CLOUD MN

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 2,800.00 \$ 2,800.00

2. Estimate monthly overtime

\$ 1,000.00 \$ 0.00

3. SUBTOTAL

\$ 3,800.00 \$ 2,800.00

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 478.76 \$ 448.00

b. Insurance

\$ 148.25 \$ 196.00

c. Union dues

\$ 0.00 \$ 0.00

d. Other (Specify) **IRA**

\$ 0.00 \$ 20.83

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 627.01 \$ 664.83

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,172.99 \$ 2,135.17

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ 365.00

11. Social security or other government assistance
(Specify)

\$ 0.00 \$ 0.00

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

(Specify) \$ 0.00 \$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00 \$ 365.00

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,172.99 \$ 2,500.17

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 5,673.16

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

In re CLARK W JOHNSON BETH A JOHNSON

Case No. 12-43919

Debtors

(If known)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

NONE

B6J (Official Form 6J) (12/07)

In re CLARK W JOHNSON BETH A JOHNSON
DebtorsCase No. 12-43919
(If known)**AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>1,999.26</u>
a. Are real estate taxes included? Yes <u>✓</u> No <u> </u>		
b. Is property insurance included? Yes <u>✓</u> No <u> </u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>400.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>240.00</u>
d. Other <u>CABLE/INTERNET</u>	\$	<u>35.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>100.00</u>
4. Food	\$	<u>550.00</u>
5. Clothing	\$	<u>75.00</u>
6. Laundry and dry cleaning	\$	<u>0.00</u>
7. Medical and dental expenses	\$	<u>300.00</u>
8. Transportation (not including car payments)	\$	<u>1,200.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>42.00</u>
10. Charitable contributions	\$	<u>20.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>120.00</u>
e. Other	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u> </u>	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>195.00</u>
b. Other <u> </u>	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>Education for dependent children < 18</u>	\$	<u>100.00</u>
<u>HAIR CUTS/PERSONAL CARE</u>	\$	<u>45.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>5,421.26</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

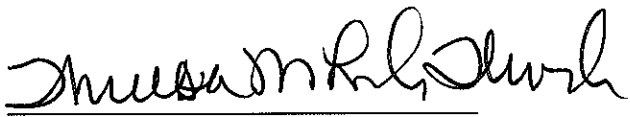
a. Average monthly income from Line 15 of Schedule I	\$	<u>5,673.16</u>
b. Average monthly expenses from Line 18 above	\$	<u>5,421.26</u>
c. Monthly net income (a. minus b.)	\$	<u>251.90</u>

UNSWORN CERTIFICATE OF SERVICE

I, Theresa Loch-Thoele, declare under penalty of perjury that on September 12, 2012, I mailed copies of the foregoing Amended Chapter 13 Plan, Notice of Modification of Chapter 13 Plan Before Confirmation and Amended Schedules I & J In Re: Clark & Beth Johnson Bky. No. 12-43919 RJK by first class mail postage prepaid to each entity named below at the address stated below for each entity:

Interested Parties on attached service list

Executed on: 9-12-12

Signed: 

Theresa Loch-Thoele
KALENDA LAW OFFICE
919 West St. Germain, Suite 2000
St. Cloud, MN 56301

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CLARK W JOHNSON
21838 149 ST NE
NEW LONDON MN 56273

BETH A JOHNSON
21838 149 ST NE
NEW LONDON MN 56273

AMO RECOVERIES
6737 W WASHINGTON ST STE 3118
WEST ALLIS WI 53214

BARCLAYS
PO BOX 8803
WILMINGTON DE 19899

CAPITAL ONE
PO BOX 30281
SALT LAKE CITY UT 84130

CAPITAL ONE
C/O GURSTEL CHARGO
6681 COUNTRY CLUB DR
GOLDEN VALLEY MN 55427

CENTRA CARE
1900 CENTRA CARE CIR
ST CLOUD MN 56303

CENTRA CARE LABORATORY SERVICES
1406 N 6TH ST
ST CLOUD MN 56303

CENTRACARE
C/O AMERICAN ACCOUNTS & ADVISERS
7460 80TH ST S
COTTAGE GROVE MN 55016

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CENTRAL MN FED CREDIT UNION
201 MINNIE ST
PAYNESVILLE MN 56302

CHASE
PO BOX 15298
WILMINGTON DE 19850-5298

CITIBANK
701 E 60TH ST N
SOUIX FALLS SD 57104

CITIBANK
701 E 60TH STREET N
SIOUX FALLS SD 57117

COKATO CLINIC
110 OLSEN BLVD
COKATO MN 55321

COLLECTION RESOURCES
PO BOX 2270
ST CLOUD MN 56302

CREDITORS FINANCIAL GROUP
3131 S VAUGHN WAY STE 110
AURORA CO 80014

DONALD MILLNER DDS
C/O LOFSTRUM LAW FIRM
PO BOX 21123
COLUMBIA HEIGHTS MN 55421

DOOLEYS PETROLEUM
PO BOX 775
WILLMAR MN 56201

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DR JEFFREY PEARSON & ASSOCIATES
4201 W DIVISION ST STE 61
ST CLOUD MN 56301

FAIRVIEW CRNA
C/O JC CHRISTENSEN & ASSOC
PO BOX 519
SAUK RAPIDS MN 56379

FAIRVIEW HEALTH SERVICES
C/O JC CHRISTENSEN & ASSOC
PO BOX 519
SAUK RAPIDS MN 56379

FAIRVIEW HEALTH SERVICES
C/O JC CHRISTENSEN
POB OX 519
SAUK RAPIDS MN 56379

FIA CARD SERVICES
SUCCESSOR TO BANK OF AMERICA/MBNA
PO BOX 3001
MALVERN PA 19355-0701

FIRST SOURCE ADV
205 BRYANT WOODS S
AMBURST NY 14228

FIRSTMARK SERVICES
PO BOX 82522
LINCOLN NE 68501-2522

GURSTEL LAW FIRM
6681 COUNTRY CLUB DR
GOLDEN VALLEY MN 55427

HSBC
PO BOX 5253
CAROL STREAM IL 60197-5253

IRS
STOP 5700- RM 320- 316 N ROBERT ST
ST PAUL MN 55101

JC CHRISTIANSON
PO BOX 519
SAUK RAPIDS MN 56379

KOHL'S
C/O JC CHRISTENSEN & ASSOC
PO BOX 519
SAUK RAPIDS MN 56379

LCA COLLECTIONS
PO BOX 2240
BURLINGTON NC 27216

MARGUERITE HUFFORD
21550 149 ST NE
HAWICK MN 56273

MEEKER MEMORIAL
612 S SIBLEY AVE
LITCHFIELD MN 55355

MESSERLI & KRAMER
3033 CAMPUS DR STE 250
PLYMOUTH MN 55441

MIDWEST COLLECTION SERVICE
PO BOX 99
NEW ULM MN 56073-0099

MILLENNIUM CREDIT CONSULTANTS
PO BOX 18160
WEST ST PAUL MN 55118-0160

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NATIONAL ASSET RECOVERY SERV
PO BOX 701
CHESTERFIELD MO 63006

NATIONAL ENTERPRISE SYSTEMS
29125 SOLON RD
SOLON OH 44139

PAYNESVILLE AREA HEALTH CARE SYSTEM
200 W 1ST ST
PAYNESVILLE MN 56362-1445

PROFESSIONAL CREDIT ANALYSTS OF MN
1712 JAMES DR
NORTH MANKATO MN 56003

QUEST DIAGNOSTICS
C/O AMCA COLLECTION AGENCY
PO BOX 1235
ELMSFORD NY 10523

RAUSCH STURM ET AL
3209 W 76TH ST STE 301
MINNEAPOLIS MN 55435

REG DIAGNOSTICS RADIOLOGY
C/O MIDWEST COLLECTION SERVICE
PO BOX 3972
MINNEAPOLIS MN 55403

RELIANCE RECOVERY
6160 SUMMIT DR N STE 420
MINNEAPOLIS MN 55430

SETERUS INC
14523 SW MILLIKAN WAY STE 200
BEAVERTON OR 97005

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ST CLOUD EARS NOSE
THROAT HEAD AND NECK
1528 NORHTWAY DR
ST CLOUD MN 56303

ST CLOUD HOSPITAL
1406 SIXTH AVENUE NORTH
ST CLOUD MN 56303

ST CLOUD PATHOLOGISTS
1406 6 AVE DEPT 5000
ST CLOUD MN 56303-1901

TDS TELECOM
PO BOX 608
LANCASTER WI 53813

U OF M PHYSICIANS ORTHO
C/O JC CHRISTENSEN & ASSOC
PO BOX 519
SAUK RAPIDS MN 56379

US BANK
PO BOX 790084
ST LOUIS MO 63179-0084

US DEPARTMENT OF EDUCATION
PO BOX 530260
ATLANTA GA 30353-0260

US DEPARTMENT OF EDUCATION
PO BOX 105028
ATLANTA GA 30348-5028

VERIZON
PO BOX 25505
LEIGH VALLEY PA 18002

WILLIAMS INTEGRACARE

PO BOX 296

SARTELL MN 56377

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

CLARK W JOHNSON

BETH A JOHNSON

SIGNATURE DECLARATION

Debtor(s).

Case No. 12-43919

 PETITION, SCHEDULES & STATEMENTS

 CHAPTER 13 PLAN

 SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION

✓ AMENDMENT TO PETITION, SCHEDULES & STATEMENTS

✓ MODIFIED CHAPTER 13 PLAN

 OTHER (Please describe:)

We **CLARK W JOHNSON, BETH A JOHNSON**, the undersigned debtor(s) or authorized representative of the debtor,
make the following declarations under penalty of perjury:

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- [individual debtors only] If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor Information Pages," if applicable; and
- [corporate and partnership debtors only] I have been authorized to file this petition on behalf of the debtor.

Date:

9-7-2012

x

Clark Johnson
Signature of Debtor or Authorized Representative

x

Beth A Johnson
Signature of Joint Debtor

CLARK W JOHNSON

Printed Name of Debtor or Authorized Representative

BETH A JOHNSON

Printed Name of Joint Debtor